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EAST SUSSEX COUNTY COUNCIL
Hove & Portslade Health Sub-Committee

REPORT

on the

Health Services of the Area

DURING THE YEAR

1949

by

N. E. CHADWICK, M.A., M.D., D.P.H.

Divisional Medical Officer,

TOWN HALL ANNEXE, HOVE.

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HOVE AND PORTSLADE HEALTH SUB-COMMITTEE.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

Last year when I issued my interim report covering the six months, July to December 1948, the National Health Act had been in force for so short a time that virtually the continuance of the previous organisation and arrangements was all that could be recorded. It was, moreover, difficult in that transitional period to appreciate the limits of the powers of delegation and to understand the new administrative machinery and procedure. With a full year's experience now behind us, many of these initial difficulties have been overcome and it has, therefore, been possible to fill in some of the gaps, expand the services and to plan if only in ideas and visions for the future. The fusion of the two Sections of the Division into one whole has steadily progressed so that there are now, except in Midwifery and Home Nursing, no longer any boundaries between Hove and Portslade. In these introductory remarks, I am reviewing briefly the achievements of the first complete year under the new conditions, commenting on the statistics and records and outlining and discussing the developments which have taken place or are envisaged for the future when the opportunity arises.

General Working of the Act.

It was obvious from the commencement that the division of responsibility between the Executive Councils for the General Practitioner, the Regional Hospital Boards for the Hospitals and the County Councils for the Preventive and Welfare Services was likely to lead to some administrative confusion particularly where, as in Midwifery and Tuberculosis, that responsibility was shared between

two of those bodies but in a compact area such as Hove and Portslade Division it has been possible by personal contact, discussion and co-operation to minimise the adverse effect of this divided control. So far as the Services with which the Sub-Committee is concerned it can be said that they are on a fuller scale and meet to a greater extent the standards of our modern welfare state than would have been possible under the earlier organisation and although one may at times lament the loss of complete independence, the extent and degree of delegation has allowed a wide field for individual initiative in accordance with local requirements.

Maternity Services.

The Domiciliary Midwifery Service is shared between the Portland Road Branch of the Sussex Maternity Hospital and the Portslade Queen's Nurses and although the staff vary from pupil in the one case to the trained midwife in the other, the general standards of care of both mother and baby were equally satisfactory. Out of 131 deliveries there were only two cases of eye infection and two of Puerperal Pyrexia. The Act provides that a mother is entitled to the services of a doctor at her confinement and in some areas there has been friction between doctor and midwife as to which in a normal case, should conduct the actual delivery. In this area I am glad to relate that the relationship between doctors and midwives has been uniformly friendly. For the compilation of the list of general practitioners with special obstetric experience, who normally would carry on the bulk of the abnormal midwifery in the home particularly in emergency, a special sub-committee composed of two general practitioners and one obstetric specialist under the chairmanship of the County Medical Officer of Health was set up, to which I was co-opted, and although the selection or rather disallowance of an individual doctor was sometimes a matter of some intricacy and delicacy, the members throughout endeavoured to include only those practitioners adequately fitted either by experience or post-graduate instruction.

Although hospital midwifery is no longer our concern, we have co-operated with Southlands Hospital by supplying additional staff to their Ante-Natal Clinic established originally at 33 Clarendon Villas by the Hove Maternity and Child Welfare Committee and also by 'vetting' through the Health Visitors, cases applying for admission on social and domestic grounds. In this way it has been possible to ensure that hospital accommodation has been available not only for those who require it because of their medical condition but also for those who although quite normal obstetrically, could not have their confinements at home because of inadequate facilities or lack of domestic assistance. It is natural that the mother in many cases elects to have her baby in hospital if only because it is more convenient and cheaper, but a new arrival is a family event in which all members should share and there is less danger of a psychological upset amongst the older children if the mother remains at home. Quite frequently

this has been rendered possible only by the allocation of a Domestic Help who relieves the mother during the lying-in period of her household cares and responsibilities.

Prematurity.

It is noteworthy that of the 75 premature infants, *i.e.* those under 5½lbs. in weight, no less than 64 were born in hospital, but of the 11 born at home, 10 were surviving after a period of 28 days from the date of their birth. The chances of survival depend largely upon the baby's birth weight and not on the degree of prematurity although there is some correspondence between the two. With such a large proportion born in hospital or nursing home and with hospital accommodation available for the most severe cases it has not been considered necessary so far to provide special outfits for the home treatment of those cases, although they always receive close supervision from the Health Visitors and the Nursing Officer.

Administration of Analgesia.

Six midwives in domiciliary practice are trained in the use of portable Gas-Oxygen apparatus for relieving the pains of childbirth and 102 mothers asked for and received this form of alleviation.

Contraceptive Clinic.

The Report of the Royal Commission on Population and the issue of a model bye-law by the Home Office prohibiting the sale of contraceptives have led to special emphasis on the question of Birth Control. Under present regulations advice at the Contraceptive Clinic is limited to married women on medical grounds. At present mothers from Hove and Portslade have to attend the Clinic provided by the Brighton Corporation at Whitehawk which entails not only an inconvenient journey but a long wait, and the establishment of a clinic in this area would certainly be a great boon and could serve a large area around.

Infant Welfare Centres.

The number of centres at the end of 1949 was still three, two in Hove and one in Portslade, the latter, however, housed in more adequate and suitable premises at Sellaby House, but negotiations were proceeding for renting the Congregational Hall in St. Aubyn's Road, Portslade and St. Cuthbert's Presbyterian Hall in Holland Road, Hove, to meet the needs of the surrounding neighbourhood which had not previously been catered for. Apart from the fact that none of the premises has been built for the purpose and are therefore not ideal it can be said that the requirements of the central and southern sections of Hove and Portslade are reasonably well provided for until Health Centres can be built and there only remain, therefore, the outlying portions of Mile Oak and Hangleton. Unfortunately, no halls are available there and it will, therefore, be necessary to build. Sites in both these areas have been selected and although up to the present

all the obstacles involved in the erection of any type of building to-day have not been overcome, some progress has been made. Despite the re-arrangement of the sessions which has reduced the monthly total from 40 to 36, the total attendances of children under one year amounted to 12,000. The actual running, although at times hampered by congestion, has always been efficient—a state of affairs greatly assisted at Sellaby House by the appointment in conjunction with the Divisional Executive of a part-time clerk, and at all the centres by a team of voluntary helpers supplied by the British Red Cross and the Women's Voluntary Service, who undertake the recording of attendances and the provision of tea for the mothers.

Dental Treatment.

Owing to staff difficulties it has not been possible for the School Dentists to devote as much time as they would like to the dental care of the under fives, but they carried out during the year treatment in 87 cases. With the recent appointment of a half-time dentist at Portslade it may be possible to increase the time devoted to this essential service and thus ensure that a larger proportion of children enter school life with clean mouths.

Health Visiting.

The establishment of Health Visitors approved by the County Council is nine and they spend approximately 1/3rd of their time on school work and 2/3rds on child welfare. The increase in the number of clinics means less time can be devoted to Home Visiting and unfortunately quite a proportion of these visits are ineffective because the mother is out. Despite these encroachments on their time and the restricted hours during which they are welcome in the home they managed to make some 6,500 visits during the year, of which 1,000 were first visits to new babies. Only one of them possesses a car and among the problems to be faced in the future will be the provision of some form of transport for those responsible for the outlying districts in the northern part of Hove.

Day Nursery.

From the table it will be seen that out of 24 babies on the books between the ages of 0—2 the average daily attendance was 23.5, and 51.75 for the 60 older children between the ages of 2—5. This high record is to some extent due to the absence of any widespread attack of infectious disease but it also shows the value attached to a place in the Nursery by the mothers fortunate enough to secure one. Every mother with a child in attendance has to be in regular essential work of at least 30 hours per week but even so there is a waiting list of 80 of whom about a quarter at least are really urgent cases.

During the year the Baby Nursery at 12 Goldstone Villas was recognised by the Ministry of Health—57 Clarendon Villas had received a similar recognition in the previous year—so that we are now a complete Training School for the practical training of students taking their two-years' course for the Nursery Nurse's Certificate.

Their theoretical and vocational instruction is given at the Centre in Brighton and all the Students during the course attend both Nursery Schools and Day Nurseries.

One of the difficulties the Nursery has been up against ever since its inception has been the appointment of a suitable Warden—the member of the staff responsible for the educational training of the older children. This problem was finally solved by sending two of the staff who showed special aptitude in this field to a course in November 1949 and with their return the whole of this side of the work was re-organised and greatly improved.

During the year some improvements in the premises were carried out—new linoleum laid throughout—laundry and bathing facilities improved at the baby nursery and a modern gas cooker installed at No. 57 Clarendon Villas.

It would be idle to pretend that either building is ideal or that they could ever become so but bearing in mind the limitations of situation—the Nursery must be in the built-up area of central Hove and on good bus routes—it is not likely that any more suitable premises will be available or that until re-development of the whole area takes place a building site will become vacant. It seems, therefore, inevitable that if the Nursery is to continue it must remain in the two present houses which, if re-decorated, repaired and improved could provide for the needs of those mothers who through economic circumstances must go out to work.

Nurseries and Child Minders Act 1948.

As mentioned in last year's report this Act was designed to control those women who take charge of small children during the day time but in practice it is not of great value. There were at the end of the year two homes registered with a total membership of 16 children. These homes are very carefully supervised by the Nursing Officer and the number of children strictly limited to the maximum who can receive adequate care and attention.

Home Nursing.

This Service is carried out on an agency basis by the Hove and Portslade District Nursing Association who on the 31st December, 1949 employed a total staff equivalent to 17 whole-time nurses engaged solely on general nursing in the home. These attended over 2,000 individual cases and paid in all 50,000 visits. For the majority of the nurses the only means of transport is a bicycle and many of the patients they attend are chronic cases or the aged often living under trying, not to say squalid conditions. The Association at the outset encountered many difficulties primarily on the financial side but many of these have now been overcome and a satisfactory agreement with the County Council has now been negotiated. Just as with the hospitals the modern trend is towards 'living out' instead of 'living in' and it is obvious that the old style of communal district nurses' home no longer satisfies the staff. At Portslade a conversion scheme was carried

out in the nurses' home so as to provide three separate flats, two comprising one sitting room and two bedrooms and one comprising one sitting room and one bedroom, which are leased to the nurses at a reasonable rent. At Hove where the building is older and less adaptable it has been decided that the nurses' bedrooms shall be improved and furnished as comfortable bedsitting rooms, an alteration to be completed during the present financial year.

Domestic Help Service.

It had been recognised from its inception that for the efficient and economic running of this service an organiser was really required but the appointment was delayed until October 1949 because it had not been included in the original proposals. The service has very greatly improved as a result of the personal attention and investigation which can now be given to individual requests and the closer supervision which can be exercised over the personnel. No help is sent except in extreme emergency before a visit is paid to the home, all circumstances gone into and a provisional assessment made of the cost and the amount of help necessary. The number of Helps fluctuates to some extent according to the demand but on the 31st December there were six full-time, eleven part-time—the latter subdivided into those who give a regular number of hours per week and those who are engaged on a temporary basis for a particular case. It has been found more economical to reduce the number of full-time helps although a minimum must be retained for confinement cases and if the baby has not arrived by the estimated date and the Help cannot be transferred to another case she is sent to work at the Day Nursery. During the year 263 families were assisted for varying periods but it is anticipated that it will be possible to improve on this total without any great increase in the staff during the present year. This service is in one way an expensive one although it is interesting to note that at least 80% of those using the service paid up their contributions quite readily but it does meet a very real need and in many cases provides the only solution to an otherwise insoluble problem. It is a curious reflection on the vagaries of the working of the Act that although hospital treatment is entirely free, no charge being made even for the food consumed, the Home Help Service has to be paid for even when its employment saves a hospital admission.

It is unfortunate that except for occasional and sporadic assistance Domestic Helps cannot be provided for the aged and chronic but an endeavour is being made to remedy this by grouping the cases and allocating special helps to attend them at intervals during the week. Many do not require daily visits but can manage if they are given some intermittent assistance.

Another type for whom it is often difficult to provide assistance is the Tubercular. It is not possible to direct one of the regular staff to an infectious case and many of them are unwilling or unsuitable as volunteers. It has, therefore, been usual in most cases to ask the patient to find his own help who, if approved, is taken over and becomes a temporary member of the regular staff. The nature of her duties and the precautions necessary to avoid infection are explained

both verbally and by means of a leaflet, she is interviewed by the Chest Specialist and an X-ray of her chest taken and repeated in six months if necessary. With these safeguards the risks of contracting Tuberculosis can be regarded as negligible.

Ambulance Service.

In last year's report I referred to the rising demand on this service and further experience during the first six months of 1949 showed that the calls had not yet reached their peak. In August, therefore, a special sub-committee was appointed to examine the whole position and in my report I enumerated some instances in which the daily calls had risen from 10 to 25 and the mileage from 141 to 257, and between April and June the total monthly calls had risen from 253 to 371. To meet this increasing strain on the service there were only three vehicles, a 1939 Morris overdue for a complete overhaul, a 1932 Bedford, too old for regular work and a 1937 converted shooting brake. Two new ambulances were on order but the date of delivery was uncertain. As a result of this enquiry one additional ambulance was ordered immediately and two more men taken on making 13 in all. By this means within the limits of the 44 hour week two teams are always on duty from 8 a.m. to midnight but for long journeys men off duty usually have to be brought in and paid overtime rates. At the present time the total number of vehicles is 6, 4 new and 2 old vehicles and two smaller types suitable for sitting cases, on order, but even so it is impossible to say yet whether saturation point has been reached and it may be necessary to put an additional crew on duty for the first day shift when both the normal and emergency cases are at their zenith. The total number of patients conveyed from 1st January to 31st December was 3,993 and the mileage 41,651 compared with 972 and 9,740 for the previous six months. This takes no account of the Hospital Car Service whose volunteer drivers using their own cars transport patients not requiring the larger types of vehicles. A very careful check is kept on the journeys ordered and in all long distance ones a visit is paid beforehand to ascertain the necessity for the journey and the type of vehicle required. I am satisfied that there is no abuse of the service generally and that all the requests are legitimate except that sometimes an ambulance is ordered where a car would be sufficient. The arrangement whereby all calls are relayed *via* the Fire Service who can hold them back, or if urgent make alternative arrangements if there is no driver available, has worked very satisfactorily. In the design and equipment of the new vehicles many improvements in the light of our experience have been incorporated and have resulted in smoother running and greater comfort to the patients. One matter which should receive serious consideration as soon as possible is the erection of an adequate depot with garage accommodation for all the vehicles and living quarters for the personnel. The present arrangements which necessitate three of the vehicles being garaged $1\frac{1}{2}$ miles away is not satisfactory. Unfortunately, although an extensive search has been made no site has yet been found in the right quarter of the town, *i.e.* south of the Old Shoreham Road.

Prevention and After-Care.

The County Council's proposals provided for the delegation to the Sub-Committee of its responsibilities under this section of the Act, and attention has been directed primarily to measures in connection with Tuberculosis. In November approval was given to the appointment of a special Health Visitor to combine duties at the Chest Clinic with visits to patients in their own homes. In addition the County Council Almoner pays periodic visits to the area and arranges for supplementary assistance either financial or in kind through such statutory bodies as the National Assistance Board or the Voluntary After-care Committee working in conjunction with the Sussex Rural Community Council. She also arranges for the boarding-out of contacts of tuberculous families and a start has been made by the Chest Physician in immunising contacts of Tuberculous cases by the B.C.G. vaccine. This vaccine, which is flown over specially from Denmark consists of a harmless live culture of the Tubercle Bacillus which after injection into the body produces all the immunising effects of a natural infection which has not progressed to an active attack of the disease itself. For the time being offers of this form of preventive treatment are being limited to contacts of cases admitted to sanatoria since normally it is only under these circumstances that the necessary segregation of the subject to be inoculated can be arranged.

Suitable cases are provided with open-air shelters and one case was sent to Preston Hall with a view to becoming a permanent member of the colony but unfortunately he found after a short time that he was unable to settle down there. In addition several adults and children have been sent away to ordinary convalescent homes and open-air schools to recuperate after other illnesses.

Children's Act 1946.

Although the administration of this Act dealing with the welfare of children deprived of normal home care is in the hands of a separate Committee, close liaison is maintained with the Children's Officer and in one particularly unsatisfactory case this co-operation resulted in a conviction after a prosecution for exceeding the permitted numbers.

Diphtheria Immunisation and Vaccination.

The general scheme for providing facilities for Immunisation against Diphtheria and Vaccination against Smallpox has not been altered since last year but agreement has now been reached with the British Medical Association regarding the payment of General Practitioners for completing and returning the record cards. A fee of 5/- is payable in respect of both Diphtheria Immunisation and Vaccination but no fee is due for the actual injection—it is included under the terms of service under the National Health Act and in the case of private patients is a matter of arrangement with the doctor concerned. The tables show that according to our returns, 55% of the children between 0—14 in the two towns have been immunised.

In the case of vaccination there has been a very grave decrease throughout the country since the element of compulsion was removed in 1948 and it has been calculated that the average percentage for the whole country was only 16.1 in 1949. In Hove and Portslade provisional figures show about 30% of infants vaccinated. Against Whooping Cough, protection by means of vaccine is offered and about 450 mothers availed themselves of this facility in 1949, although it was explained that the expectation of successful avoidance of an attack could not be guaranteed to anything like the same extent as in the other two diseases. Extensive tests of different preparations are at present being carried out by the Ministry of Health and the results are awaited with interest and in the hope that a more reliable method will be evolved.

Recently controversy and some alarm has arisen through the reported connection between injections against Diphtheria and Whooping Cough and the incidence of Poliomyelitis. The whole matter is under very close investigation by the Ministry of Health and it is by no means certain that there is such a connection but it is quite clear that the injections themselves cannot produce Poliomyelitis and there is, therefore, no question of abandoning our campaign of immunisation except that in times of widespread outbreaks it might be desirable to suspend it temporarily.

General Administration.

The arrangements whereby most of the medical and nursing staff are directly employed by the County Council and the administrative and clerical are the servants of the Hove Borough Council devoting part of their time to the work of the Sub-Committee has worked reasonably satisfactorily, although at the expiration of the three years of the original agreement it is probable that some revision of the respective Council's share of their officers' time will have to be made.

To all my colleagues on the medical, nursing and clerical staff I am deeply appreciative of their loyalty, enthusiasm and willingness at all times to relieve me of the burden of routine administration.

I am also indebted to the members of many voluntary services for their valuable assistance in filling the gaps in some of our official schemes. To all the County Officials and in particular Dr. Langford, I am conscious of a deep debt of gratitude for the unfailing assistance at all times, and to the Chairman and members of the Sub-Committee I am appreciative of their support and encouragement throughout the year which was not without its difficulties.

I have the honour to be,

Your obedient servant,

N. E. CHADWICK,

Divisional Medical Officer.

BIRTHS.

Number of Births notified in the Authority's Area during 1949, under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, as adjusted by any transferred notifications :

Live Births 1020. Still Births 18. Total 1038.

CARE OF PREMATURE INFANTS.

i.e. Babies weighing 5½lbs. or less at birth, irrespective of period of gestation.

Stillbirths should be excluded.

(a)	The number of Premature Babies notified during 1949, whose mother is normally resident in the Authority's area	75
(b)	The total number of Premature Babies notified during 1949 who were born :	
(i)	At Home	11
(ii)	In Hospital or Nursing Home	64
(c)	The number of those born at home who were nursed entirely at home	9
(d)	The number of those born at home and nursed entirely at home :	
(i)	Who died during the first 24 hours	1
(ii)	Who survived at the end of one month	8
(e)	The number of those born in Nursing Homes :	
(i)	Who died during the first 24 hours	—
(ii)	Who survived at the end of one month	6

ANTE-NATAL AND POST-NATAL CLINICS.

(1)	Number of Clinics provided at end of 1949 (whether held at Infant Welfare Centres or other Premises)	Number of sessions now held <i>per month</i> at clinics included in Col. (2)	Number of Women in Attendance.		Total number of attendances of women included in Col. (4) during 1949
			Number of Women who attended during 1949	Number of Women included in Col. (4) who had <i>not</i> previously attended an Ante-Natal Clinic during current pregnancy or a Post-Natal Clinic after last confinement	
	(2)	(3)	(4)	(5)	(6)
Clinics provided by Voluntary Organisations :					
Ante-Natal Clinics ..	1	2	125	96	278
Post-Natal Clinics ..	—	—	(20)	(20)	(20)

Women examined post-natally at Ante-Natal Clinics are included in Columns 4, 5 and 6 and also shown in brackets.

INFANT WELFARE CENTRES.

	Number of Centres provided at end of 1949	Number of Infant Welfare Sessions now held <i>per month</i> at Centres in Col. (2)	Number of Children who attended Centres during 1949 and who on the date of their first attendance were :	Number of Children in attendance at the end of 1949 who were then :—		Total Number of Attendances made by Children included in Col. (4) during 1949			
				Number of Children who first attended the Centres during 1949					
				Under 1 year of age	Over 1 year of age				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Local Health Authority Centres	3	36	3285	812	61	720	2565	12067	8486

HEALTH VISITING.

Number of Health Visitors Employed at end of 1949			Equiva- lent of Whole- Time Health Visitor Services provided under Col. (3) (All Classes, including Atten- dance at Child Welfare Centres) (4)	Number of Visits Paid by Health Visitors included in columns (2) and (3) during 1949							
(1)	Whole- Time on Health Visiting (2)	Part- Time on Health Visiting (3)		Expectant Mothers		Children under 1 year of age		Children between the ages of 1 and 5		Other Cases	
				First Visits (5)	Total Visits (6)	First Visits (7)	Total Visits (8)	First Visits (9)	Total Visits (10)	First Visits (11)	Total Visits (12)
Local Health Authority	—	9	130	217	1027	7065	81	8430	225	480	

MATERNITY CASES ATTENDED.

Number of Maternity Cases in the Area of the Local Supervising Authority Attended by Midwives during 1949

	Domiciliary Cases		Cases in Institutions		Total	
	As Midwives (1)	As Maternity Nurses (2)	As Midwives (3)	As Maternity Nurses (4)	As Midwives (5)	As Maternity Nurses (6)
1. Midwives employed by the Authority	—	—	—	—	—	—
2. Midwives employed by Voluntary Organisations :						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	49	25	—	—	49	25
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act, 1946)	—	—	—	—	—	—
3. Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	74	13	58	—	132	13
4. Midwives in Private Practice (Incl. Midwives employed in Nursing Homes)	8	18	—	107	8	125
TOTALS ..	131	56	58	107	189	163

MIDWIVES.

Number of Midwives practising at the end of 1949 in the area of the Local Supervising Authority who were :—

- | | | |
|-----|---|----|
| (a) | Employed by Voluntary Organisations under arrangements made with the Health Authority under Section 23 of the National Health Service Act | 3 |
| (b) | Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :— | |
| | (i) Domiciliary .. 2) | |
| | (ii) Midwives in Institutions 1) Total .. | 3 |
| (c) | In private practice as :— | |
| | (i) Domiciliary Midwives .. 4) | |
| | (ii) Midwives in Institutions) Total .. | 10 |
| | (i.e. Nursing Homes) .. 6) | |

MEDICAL AID UNDER SECTION 14 (1) OF THE MIDWIVES' ACT, 1918.

Number of cases in which medical aid was summoned during 1949 under Section 14 (1) of the Midwives' Act, 1918, by a Midwife :—

- | | | |
|-----|--|----|
| (a) | For Domiciliary Cases : | |
| | (i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service —) | |
| | (ii) Others 32) Total .. | 32 |
| (b) | For cases in Institutions .. 1 | |

ADMINISTRATION OF ANALGESICS.

- (a) Number of Domiciliary Midwives in practice in the area at the end of 1949, who were qualified to administer Analgesics in accordance with the requirements of the Central Midwives Board :—
- | | | | |
|--|---|---|---------|
| (i) Employed by Voluntary Associations | 3 |) | |
| (ii) Employed by Hospital Management | |) | |
| Committees | 2 |) | |
| (iii) In Private Practice | 1 |) | Total 6 |
- (b) (1) Are facilities provided to enable Domiciliary Midwives practising in the area to attend courses of instruction in the administration of Analgesics in Institutions approved by the Central Midwives' Board for the purpose ? Yes
- (2) Are facilities provided to enable Domiciliary Midwives practising in the area to attend courses of instruction in the administration of Analgesics on the district under schemes approved by the Central Midwives' Board ? Yes
- (3) Number of Domiciliary Midwives who received unstruction under (2) above during 1949 .. 1
- (c) Number of sets of apparatus for the administration of Analgesics in use by Domiciliary Midwives employed by the Authority, or employed by Voluntary Organisations in the Authority's Area .. 3
- (d) Number of cases in which Analgesics were administered by Midwives in domiciliary practice during 1949 102

HOME NURSING.

(1)	Number of Home Nurses employed at 31st Dec., 1949		Equivalent Whole-Time Home Nursing Services provided in Col. (3)	Number of Cases attended by Home Nurses during 1949	Number of visits paid by Home Nurses during 1949
	Whole-Time on Home Nursing (2)	Part-Time on Home Nursing (3)			
Local Health Authority	—	—	—	—	—
Voluntary Organisations by Agreement with the Authority	11	11	6.5/14	2042	49494

DAY NURSERIES.

As at 31st December, 1949.

(1)	Number (2)	Number of approved places.		Number of children on the register at the end of 1949	Average daily attendance during 1949	
		0—2 (3)	2—5 (4)		0—2 (7)	2—5 (8)
Nurseries Maintained by the Council ..	2	25	50	24 60	23.5	51.75

HOME HELP SERVICE.

- (i) Number of Home Helps employed at 31st December, 1949 :—
- | | | | |
|-------------------|----|----|----|
| (a) Whole-time .. | .. | .. | 6 |
| (b) Part-time .. | .. | .. | 11 |
- (ii) Home Helps were provided during the year for 263 cases.

VACCINATION.
HOVE AND PORTSLADE.

NUMBER OF PERSONS VACCINATED OR RE-VACCINATED DURING 1949.

Age at 31st Dec., 1949 <i>i.e.</i> born in years	Under 1 1949	1 to 4 1945-1948	5 to 14 1935-1944	15 or over before 1935	Total
Number Vaccinated ..	305	166	13	28	512
Number Re-Vaccinated ..	1	15	14	159	189

DIPHTHERIA IMMUNISATION.
HOVE AND PORTSLADE.
IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31-12-49 who had completed a course of Immunisation at any time before that date *i.e.* at any time since 1st Jan., 1935).

Age at 31-12-49 <i>i.e.</i> born in year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5 to 9 1940-44	10 to 14 1935-39	Total Under 15
Number immunised ..	12	578	744	729	625	3374	1796	7858
Estimated mid-year child population 1949 ..	Children under five 5276							Children 5—14 8494
								13770

Number of children who completed a full course of primary immunisation during 1949.

Number of re-infor-
cing injections given.

	Aged Under 5 yrs.	Aged 5—14 yrs.	Total
Hove ..	655	79	734
Portslade ..	180	100	280
	835	179	1014

Total
895
337
—
1232

AMBULANCE SERVICES.

(1)		Number of Vehicles at 31st Dec., 1949	Total No. of Journeys during 1949	Total No. of Patients carried during 1949	Number of Accident and other Emergency journeys included in Col. (3) during 1949 (5)	Total Mileage 1949	Number of Paid Whole-time staff at 31st Dec., 1949
Directly Provided Service	Ambulances	4	4045	3993	661	41651	13
	Cars	—	—	—	—	—	—

SUSSEX RURAL COMMUNITY COUNCIL.

Hove and Portslade Division.

TUBERCULOSIS CARE SERVICE.

Report in respect of the Financial Year 1949/50.

(1) **Cases within Care** during the year numbered some 59 in all as compared with 36 at 31st March 1949.

(2) **Help given** included Milk, Home Helps, Convalescence, Materials for Recreational Therapy and Special Grants. In general the maintenance allowance for tuberculous patients is sufficient for their basic needs. It does not allow for more than the minimum of clothing or of household needs of fuel, etc., nor indeed for any extras, and it is these needs of the invalid that the Care Committee supplies and in respect of which the patients know that in the local visitor they have a friend to whom they can apply for help in need.

(3) **The Rural Community Council Area Committee** for the Hove-Portslade Division consists of:—

Mrs. Mathie (*Chairman and Area Organiser*), 44 St. Keyna Avenue, Hove 3.

Miss C. M. Bigwood (*Honorary Treasurer*), 68 Dyke Road, Brighton.

Miss J. Biddle, Little Hayes, Burgess Hill.

Mrs. Kenward, 24 Southview Road, Southwick.

Mrs. Neville Cox, "Varndean Holt," Surrenden Road, Brighton 6.

Ex-officio :

Dr. A. Macfarlane, Hove Chest Clinic, 33 Clarendon Villas, Hove 3.

J. Newton, Esq., Area Officer, National Assistance Board, Royal Pavilion, Brighton.

Miss I. M. Perrin, Public Health Department, Third Avenue, Hove.

Miss P. Turner, T.B. Care Almoner, County Hall, Lewes.

Major G. H. Powell-Edwards, Director Sussex Rural Community Council.

Mrs. Lucas, Care Secretary, Sussex Rural Community Council.

The Committee meets quarterly, usually at 42 Wilbury Villas, Hove, by kind invitation of the British Red Cross Headquarters. The Chairman of the Committee, and Miss Biddle and Mrs. Kenward are the Committee's members of the Sussex Rural Community Council's

Central Health Committee which itself meets quarterly and brings together, for the sharing of information and experience, representatives of each of the Area Committees of the Council. Members of that Committee include the Deputy Medical Officer of Health, the Chest Physician and the County Almoner.

That Committee is responsible also for the Child Care Service of the Sussex Rural Community Council and Health Education Service. In the latter (Mr. Frank Buckler, Organiser) there was during 1949-50 dissemination of "Better Health," the monthly publication to Doctors, Members of the National Health Service Executive Committee, School Teachers, Welfare Centres, Medical Officer of Health and District Nurses in the Hove-Portslade area and Health Talks with discussion at the Women's Co-operative Guild, Hove; Southdown Coach Depot, Portslade; District Trades Council, Hove; C.A.V. Ltd., Hove; Transport and General Workers' Union, Portslade; Women's Co-operative Guild, Portslade; Community Centre Youth Organisation, Portslade; Green & Co. Ltd., Portslade; Messrs. T. Harrington Ltd., Hove; Ronuk Manufacturing Co., Portslade.

The practical and prompt help which the Committee has been able to give to patients during the past year is clearly shown in the many expressions of thanks which have been received. This help is directed towards needs disclosed by Chest Physician and Almoner reports and ensures a provision necessary to care and recovery, beyond and additional to what can be obtained from 'statutory' resources.

